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# **ALABAMA** DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Governor 2506

Director

July 8, 1988

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CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. V.M. Norwood

Vice President, Environmental Affairs

ildina 8 Circle

Olin Corporation

AL

P O Box 28

68

McIntosh, AL 36553

Dear Mr. Norwood:

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RE: Final NPDES Modification Permit Number AL0001945

Attached is the issued copy of the above referenced permit modification. Permit limitations were approved as contained in the draft modification provided for your comments.

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79-2336

Please substitute the attached pages for the corresponding pages in your existing permit. Enclosed for your use in submitting effluent reports is a copy of the appropriate monitoring form(s) which have been adapted to your specific discharge(s). This form should be photocopied, completed, and submitted by the 28th of the month following the period for which data is reported, as specified in your Permit.

If there are questions or comments in reference to the permit or related monitoring requirements, please contact Ed Hughes at 271-7838.

Sincerely,

John A. Poole, Jr.

anes E. ME Indae

Chief

Industrial Branch Water Division

JAP/jd

Enclosure

cc: EPA, w/enc. Marilyn Elliott, w/enc. PERMITS SECTION WMD JUI 13 1988 EPA-REGION IV ATLANTA, GA.

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#### DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS A.

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application: DSN001: Treated process wastewater from diaphragm cell chlorine, sodium chlorate and sodium hypochlorite plants, treated groundwater from RCRA corrective actions wells #1, 2, 3, 4, & 5, treated sanitary wastewaters, coal pile runoff, noncontact cooling water, stormwater runoff and treated wastewater from the hydrazine blending process.

Such discharge shall be limited and monitored by the permittee as specified below:

Rffluent Characteristic	D	ischarge Limitation	ons*	Monitoring Requirements**				
	Daily Minimum	Daily Average	Daily Maximum	Measurement Prequency	Sample Type			
Flow (MGD)				Daily	Totalized			
р <del>Ц</del>	5.0 su.u	n/a	9.0 s.u.	Daily	Grab			
Temperature			95 <b>°F</b>	Daily	Grab			
Total Dissolved Solids***		649,000 ppd	844,000 ppd	3/week	24-Hr.Composite			
Total Mercury***		0.1 ppd	0.25 ppd	1/month	24-Hr.Composite			
Toxicity	See Part I	IIG. of this pe	rmit					

<sup>•</sup> See PART II., A., 4; PART II., A., 5; and PART II., B., 3.

for this parameter. See Part III.J. for additional requirements relative to these sources.

<sup>\*\*</sup> Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Samples taken shall then be analyzed for each effluent characteristic in accordance with PART I.B.2. \*\*\*The loadings from DSN002 (Corrective Action Well #4) shall be included for calculation of the daily loading

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# A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application: DSNOOlA: Process wastewater from diaphragm cell chlorine, sodium chlorate, and sodium hypochlorite plants, and coal pile runoff.

Such discharge shall be limited and monitored by the permittee as specified below:

Bffluent Characteristic	Di	scharge Limitatio	ons*	Monitoring Requirements**				
	Daily Minimum	Daily Average	Daily Maximum	Measurement Prequency	Sample Type			
Flow (MGD)				Daily	Instantaneous			
pH***	n/a	n/a	n/a	n/a	n/a			
Copper, Total		9.8 ppd	24.0 ppd	l/quarter	24-Hr.Composite			
Lead, Total		4.8 ppd	11.8 ppd	l/quarter	24-Hr.Composite			
Nickel, Total		7.4 ppd	19.4 ppd	l/quarter	24-Hr.Composite			
Total Residual Chlorine		17.0 ppd	28.0 ppd	Daily	Grab			
Total Suspended Solids		911 ppd	1823 ppd .	1/week	24-Hr.Composite			

<sup>\*</sup> See PART II., A., 4; PART II., A., 5; and PART II., B., 3.

<sup>\*\*</sup> Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Samples taken shall then be analyzed for each effluent characteristic in accordance with PART I.B.2.

## A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application: DSN001C: Treated wastewaters from the hydrazine blending facility.

Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Di	scharge Limitatio		Monitoring Req	
	Daily Minimum	Daily Average	Daily Maximum	Measurement Prequency	Sample Type
Flow (MGD)				Daily	Tank Volume
Hydrazine				2/month	Grab
Unsymetrical Dimethyl Hy	drazine			2/month	Grab
Nitrosodimethylamine			<del></del>	2/month	Grab
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<sup>\*</sup> See PART II., A., 4; PART II., A., 5; and PART II., B., 3.

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<sup>\*\*</sup> Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Samples taken shall then be analyzed for each effluent characteristic in accordance with PART I.B.2.

Olin Corp

# A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the permittee is authorized to discharge from the following point source(s) outfall(s), described more fully in the permittee's application:

DSNO02: Treated Groundwater from RCRA Corrective Action Well #4

Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic		scharge 1			Monitoring Req	
	Daily Minimum	Daily 1	Average	Daily Maximum	Measurement Prequency	Sample Type
Flow (MGD)					l/month	Totalized
рН	5.0 s.u.	n/a		9.0 s.u.	l/week	Grab
Total Dissolved Solids					3/week	Grab
Mercury, Total					1/month	Grab
Toxicity	See Part II	I.G. of t	his permi	lt.		
	See Part III	.I. for a	dditional	l requirements rel	ative to these so	urces.
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<sup>\*</sup> See PART II., A., 4; PART II., A., 5; and PART II., B., 3.

<sup>\*\*</sup> Samples collected to comply with the monitoring requirements specified above shall be collected at the following location: At the nearest accessible location just prior to discharge and after final treatment. Samples taken shall then be analyzed for each effluent characteristic in accordance with PART I.B.2.

COMPANY: OLIN CORPORATION

LOCATION: McIntosh

NPDES NO. AL0001945

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DSN001								DSN00	01A								
PARAM	Flow	рН	TEMP	TDS				Flow	pН	Cu, T	Pb, T	Ni,T	TRC	TSS			
AVG		5.0		649,000	0.1				n/a	9.8	4.8	7.4	17.0	911			
MAX		9.0	95	844,000	0.25				n/a	24.0	11.8	19.4	28.0	1823			Ι
		Daily	Daily	3/wk	1/mo			Daily	n/a	24.0 1/qtr	1/qtr	1/atr	Daily	1/wk			
UNIT	MGD	s.u.	٥F	ppd	ppd			MGD	n/a	ppd	ppd	ppd	ppd	ppd			
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

Signature of Responsible Official	9/	
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#### AUEM DISCHARGE MONITORING REPORT

K MONTHLY

MONTH:

COMPANY: OLIN CORPORATION

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LOCATION: McIntosh

NPDES NO. AL0001945

DSN001C UDMH NDMA PARAM HYD Flow AVG MAX 2/mo 2/mo 2/mo FREG Daily UNIT MGD 2 3 4 5 6 7 8 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 MO AVG

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official	Date	ADEM FORM 261 ("	1/88

#### ANEM NISCHARGE MONITORING REPORT

X MONTHLY

company: Olin Corporation

LOCATION:

McIntosh

NPDES NO. AL0001945

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official	Date	ADEM FORM 261 /	1/88
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